## DECLARATION FOR PATENT APPLICATION

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

FLP-MEDIATED GENE MODIFICATION IN MAMMALIAN CELLS, AND COMPOSITIONS AND CELLS USEFUL THEREFOR

the specification of which (check one)

- (x) is attached hereto.
- ( ) was filed by an authorized person on my behalf on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and so identified, and I have also identified below any foreign application for patent or inventor's certificate on this invention filed by me or my legal representatives or assigns and having a filing date before that of the application on which priority is claimed.

Priority Claimed (Yes or No)

Number

Country

Day/Month/Year Filed

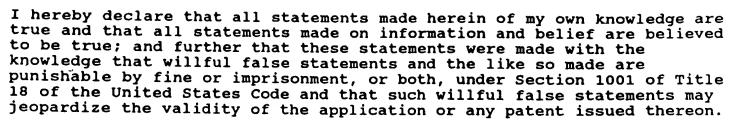
N/A

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.

Filing Date

<u>Status</u>



I hereby appoint the following attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to FITCH, EVEN, TABIN & FLANNERY, Suite 900, 135 south LaSalle Street, Chicago, Illinois 60603, Telephone Nos. (312) 372-7842 or (619) 552-1311:

Attorney	Req. No.	Attorney	Reg.No.
Morgan L. Fitch, Jr. Francis A. Even Julius Tabin John F. Flannery Robert K. Schumacher Robert B. Jones James J. Schumann R. Steven Pinkstaff James J. Hamill Phillip H. Watt	17,023 16,880 16,754 19,759 17,456 20,135 20,856 20,448 19,958 25,939	Timothy E. Levstik William J. Scanlon Richard B. Wakely Joseph E. Shipley Bryant R. Gold Robert R. Meads Stephen E. Reiter	30,192 30,136 26,819 31,137 29,715 22,796 31,192

Full name of sole or one joint inventor:

GEOFFREY M. WAHL

Inventor's signature:

Date:

Residence:

Post Office Address:

Citizenship:

Address for correspondence:

San Diego, California //
(City and State for U.S. Residents;
City and Country for others)

4258 Arquello Street

San Diego, California 92103

U.S.A.

FITCH, EVEN, TABIN & FLANNERY
135 South LaSalle Street-Suite 900
Chicago, Illinois 60603-4277



Full name of sole or one joint inventor:	STEPHEN V. O'GORMAN 2-0
Inventor's signature:	Stophen V. O Gaman
Date:	March B, 1991
Residence:	San Diego, California (City and State for U.S. Residents; City and Country for others)
Post Office Address:	2761 Havasupai Avenue
	San Diego, California 92117
Citizenship:	U.S.A.
Full name of sole or one joint inventor:	
Inventor's signature:	
Date:	
Residence:	(City and State for U.S. Residents; City and Country for others)
Post Office Address:	
Citizenship:	
Full name of sole or one joint inventor:	·
Inventor's signature:	
Date:	
Residence:	(City and State for U.S. Residents; City and Country for others)
Post Office Address:	
Citizenship:	